

# STEP AHEAD PLANNING GRANT RFF COVER SHEET

**FUNDING:**      **STEP AHEAD PLANNING**

COUNTY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
(For which funding is being requested)

CONTRACT EFFECTIVE DATES:      **July 1, 2004 through June 30, 2005**

ORGANIZATION SUBMITTING APPLICATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Individual who can answer questions on completed application.)

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**FISCAL AGENT INFORMATION:**

LEGAL NAME: \_\_\_\_\_  
(Must agree with corporate papers filed with Secretary of State.)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGENCY DIRECTOR: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Individual who can answer questions on Fiscal Agent information.)

FEDERAL EMPLOYER I. D. #: \_\_\_\_\_

CURRENT GRANTEE #: \_\_\_\_\_ (if applicable)

EMAIL: \_\_\_\_\_

LEGAL STATUS: 1) Corporation: For Profit \_\_\_\_ Not for Profit \_\_\_\_ 2) Sole Proprietorship \_\_\_\_  
3) Government Entity \_\_\_\_ 4) Partnership \_\_\_\_ (List all partners names.)

TOTAL DOLLARS REQUESTED: \$ \_\_\_\_\_

**SPECIAL NOTE:**

- \* Contracts will not be released unless application is fully approved.
- \* Submit to the Division of Policy, Planning & Communication a copy of the Articles of Incorporation and the IRS Form 940 Quarterly or 941 Annual with this application.

## CERTIFICATION STATEMENTS AND ASSURANCES

As a condition of participation for funding through the Step Ahead Planning Grant, the Step Ahead Council must make the following assurances. These assurances shall remain in effect throughout the term of the contract.

1. We assure that the information included in this application is true and correct.
2. We assure that records will be maintained as directed by the Family and Social Services Administration. Access will be afforded to the State and/or its representatives as it may find necessary to assure the correctness and to verify reports and proper distribution of funds associated with this application. We understand that records are to be kept in accordance with generally accepted accounting principles.
3. We assure that funds provided will not be used to satisfy a financial commitment for services that would have been paid for from another public or private source.
4. We assure that funds may be provided under this application to supplement and increase the level of coordination between state, local, and collaborating entities serving children, families, and individuals.
5. We assure that this agency operates in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1983.
6. We certify that neither this agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
7. We certify that this agency will maintain a drug-free workplace as described in the Drug-Free Workplace Act of 1988 and the Federal regulations promulgated thereunder.
8. We certify that pursuant to 31 U.S.C., Section 1352, no federally appropriated funds have been paid, nor will be paid, by or on behalf of Grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modifications of any federal contract, grant, loan, or cooperative agreement.

9. Expenditures shall be expended at the discretion and direction of the local Step Ahead Council as outlined in the county's approved Action Plan.
10. Expenditure reports shall be made available to the local Step Ahead Council at regularly scheduled meetings.
11. Progress reports shall be updated in the Action Plan on an ongoing basis, and shared with the state on an as needed basis.

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Step Ahead Council Chair

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Date Signed

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Authorized Official of Fiscal Agent

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Date Signed

## ***STEP AHEAD BUDGET SUMMARY INSTRUCTIONS***

**BUDGET ITEM SUMMARY:** Budget items are to be included for each major funding category (Step Ahead, Other Federal, Other State, Other Local or In-Kind) to indicate the budget required to administer this grant activity. The use of other funding for the coordination of the activities under this grant activity is encouraged.

1. **PERSONNEL SALARIES AND FRINGE:** The amount and source needed to pay for the salaries and fringe of those people working on the grant activity.
2. **RENT AND UTILITIES:** The amount and source needed to pay for the space cost for this grant activity.
3. **TELEPHONE AND POSTAGE:** The amount and source needed to pay for the telephone and postage cost for this grant activity.
4. **CONTRACTED SERVICES:** The amount and source needed to pay for the contracted services for this grant activity. A written agreement must be on file which specifies the services to be purchased, the content and rate of costs.
5. **MATERIALS AND SUPPLIES:** The amount and source needed to pay for the materials and supplies cost for this grant activity.
6. **EQUIPMENT:** The amount and source needed to pay for the equipment to be used for this grant activity. Equipment is defined as any item with a unit cost of \$500 or more and a life expectancy of two years or more. Title to equipment is vested in the State.
7. **TRAVEL:** The amount and source needed to pay for the travel cost for this grant activity.
8. **INDIRECT COSTS:** Attach a copy of your approved indirect cost plan.
9. **OTHER COSTS:** Include the amount and source needed to pay for other costs which cannot be classified into one of the above lines.

**PERSONNEL SUMMARY:** List each position title that will be working directly with this grant and their salaries by funding source.

**BUDGET NARRATIVE:** Attach a budget narrative which identifies the sources of Other Federal, Other State, Other Local, and In-Kind Contributions used to support this grant activity, the basis for and what's included in your fringe benefits, list any service you plan to contract for, list any equipment you plan to purchase with Step Ahead funds, list the basis for your travel budget (mileage/per diem rates), include a copy of your approved indirect cost plan, and include the basis for the other costs under 9.

**PERSONNEL:** Position # Hrs. Per Week X Rate of Pay X # of Weeks.

**FRINGE BENEFITS:** Type/%      **TRAVEL:** # Miles X Cost per Mile  
Per Diem rate

**CONTRACTED SERVICE:** Hourly Rate/#Hrs./Service

**EQUIPMENT:** Type/Est. Cost/Use – Be sure to indicate this information on the equipment inventory list also.

## FY 2005 STEP AHEAD BUDGET SUMMARY SHEET

(7-1-04 – 6-30-05)

GRANTEE NAME: \_\_\_\_\_ GRANT SOURCE: STEP AHEAD PLANNING GRANT COUNTY: \_\_\_\_\_

DESCRIPTION	STEP AHEAD PLANNING	STEP AHEAD DISCRETIONARY	OTHER FEDERAL	OTHER STATE	OTHER LOCAL	IN-KIND CONTRIBUTION	TOTAL BUDGET
1. Personnel Salaries & Fringe							
2. Rent & Utilities							
3. Telephone & Postage							
4. Contracted Services							
5. Materials & Supplies							
6. Equipment (cost over \$500)							
7. Travel							
8. Indirect Costs							
9. Other Costs							
<b>TOTAL BUDGETED</b>	\$						

### *PERSONNEL SUMMARY*

POSITION TITLE	STEP AHEAD	OTHER FEDERAL	OTHER STATE	OTHER LOCAL	IN-KIND CONTRIBUTION	TOTAL BUDGET
<b>TOTAL BUDGETED</b>	\$					

### BUDGET NARRATIVE

Please attach a budget narrative identifying the budget required to implement the County Action Plan, to achieve the identified Step Ahead outcomes.
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# FY '05 STEP AHEAD PLANNING FUNDS

<u>#</u>	<u>COUNTIES</u>	<u>FY '04</u>	<u>#</u>	<u>COUNTIES</u>	<u>FY '04</u>
1	Adams	\$12,268	47	Lawrence	\$12,022
2	Allen	\$38,779	48	Madison	\$23,683
3	Bartholomew	\$12,872	49	Marion	\$119,527
4	Benton	\$10,000	50	Marshall	\$11,446
5	Blackford	\$10,322	51	Martin	\$10,085
6	Boone	\$10,606	52	Miami	\$11,951
7	Brown	\$10,000	53	Monroe	\$15,938
8	Carroll	\$10,120	54	Montgomery	\$11,070
9	Cass	\$11,630	55	Morgan	\$11,314
10	Clark	\$16,269	56	Newton	\$10,038
11	Clay	\$11,023	57	Noble	\$11,218
12	Clinton	\$11,168	58	Ohio	\$10,000
13	Crawford	\$10,136	59	Orange	\$10,818
14	Daviess	\$11,979	60	Owen	\$10,813
15	Dearborn	\$11,115	61	Parke	\$10,252
16	Decatur	\$10,730	62	Perry	\$10,410
17	DeKalb	\$10,997	63	Pike	\$10,317
18	Delaware	\$20,029	64	Porter	\$18,447
19	Dubois	\$10,345	65	Posey	\$10,528
20	Elkhart	\$22,676	66	Pulaski	\$10,002
21	Fayette	\$10,645	67	Putnam	\$10,709
22	Floyd	\$14,329	68	Randolph	\$10,986
23	Fountain	\$10,252	69	Ripley	\$10,899
24	Franklin	\$10,397	70	Rush	\$10,400
25	Fulton	\$10,389	71	St. Joseph	\$34,551
26	Gibson	\$11,268	72	Scott	\$11,445
27	Grant	\$15,789	73	Shelby	\$14,836
28	Greene	\$11,588	74	Spencer	\$10,340
29	Hamilton	\$14,259	75	Starke	\$11,148
30	Hancock	\$10,385	76	Steuben	\$10,000
31	Harrison	\$10,671	77	Sullivan	\$10,500
32	Hendricks	\$11,249	78	Switzerland	\$10,248
33	Henry	\$13,106	79	Tippecanoe	\$17,561
34	Howard	\$17,302	80	Tipton	\$10,000
35	Huntington	\$10,280	81	Union	\$10,000
36	Jackson	\$11,320	82	Vanderburgh	\$27,860
37	Jasper	\$10,565	83	Vermillion	\$10,385
38	Jay	\$10,829	84	Vigo	\$19,020
39	Jefferson	\$11,154	85	Wabash	\$11,067
40	Jennings	\$11,315	86	Warren	\$10,000
41	Johnson	\$14,387	87	Warrick	\$10,931
42	Knox	\$12,088	88	Washington	\$11,044
43	Kosciusko	\$12,467	89	Wayne	\$16,396
44	LaGrange	\$11,482	90	Wells	\$10,180
45	Lake	\$73,678	91	White	\$10,069
46	LaPorte	\$18,478	92	Whitley	\$10,017

*TOTAL:           \$1,343,164*

